

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Singerly</i>		Town <i>Singerly</i>		County <i>Cecil</i>	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>21</i>	Age <i>25</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farming</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mazori Adams</i>			
Father's Name <i>John D. Adams</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Madeline Rogers</i>		Mother's Birthplace <i>D. Delaware</i>			
Name of person giving information <i>Madeline Adams</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 months</i>
Immediate	<i>Haemoptysis</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. P. Carver MD</i>	
<i>Geo</i>		Address <i>Cherry Hill</i>	
Accident or Suicide?		<i>md</i>	

121

Name
in
Full

William Armstrong

CERTIFICATE OF DEATH

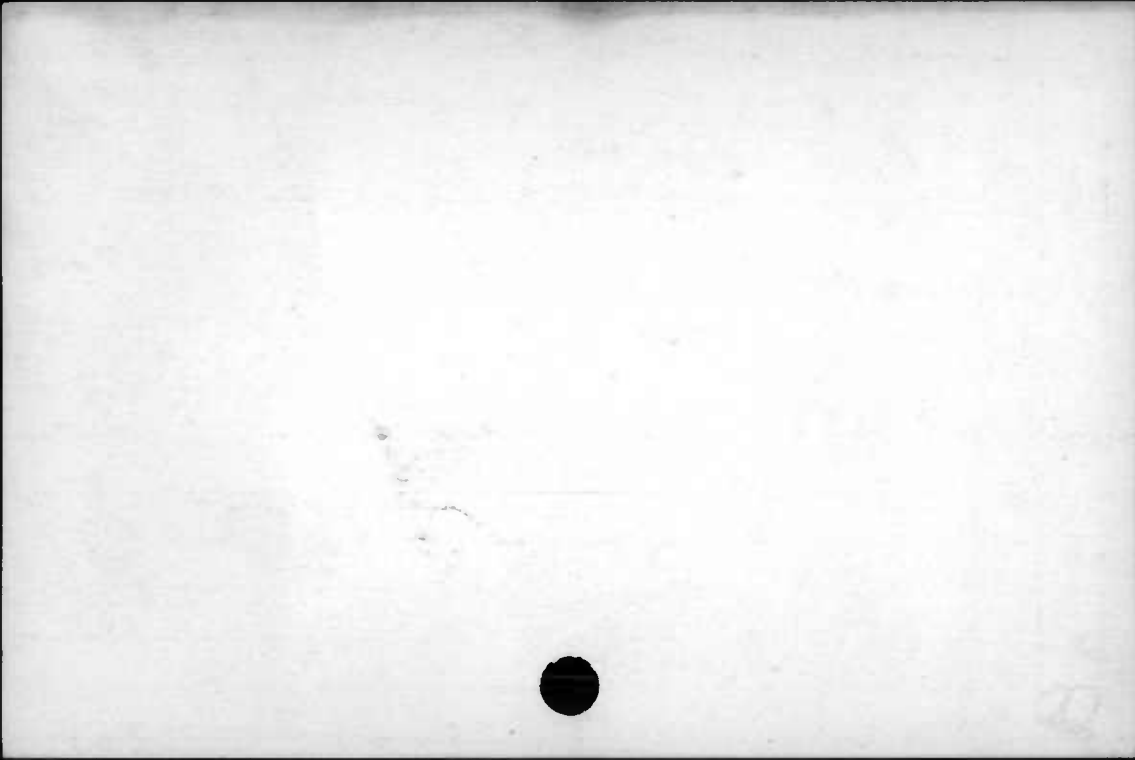
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month <i>4</i>	Day <i>29</i>	Age <i>69</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Stone Manufacturer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>James Armstrong</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>"</i>	Name of person giving information <i>Annie Armstrong</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Neuralgia (with complications)</i>	How long <i>Few days.</i>
Immediate <i>Progressive Cardiac Asthenia</i>	How long <i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. G. Taylor</i>
	Address <i>Perryville, Ind.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Allen H Bailey* Town *Near Earleville* County *Cecil Co-*

Died at *Near Earleville*

Date of death *1905 April 16* Age *9 months* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cecil Co*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*John H. Bailey*Father's
Birthplace*Cecil Co-*Mother's
Maiden Name*Grace Taylor*Mother's
Birthplace*Cecil Co*Name of person giving
In formation*Mrs. John Taylor*How related
to deceased*Grandmother*

CAUSES OF DEATH

Primary

How long

Immediate

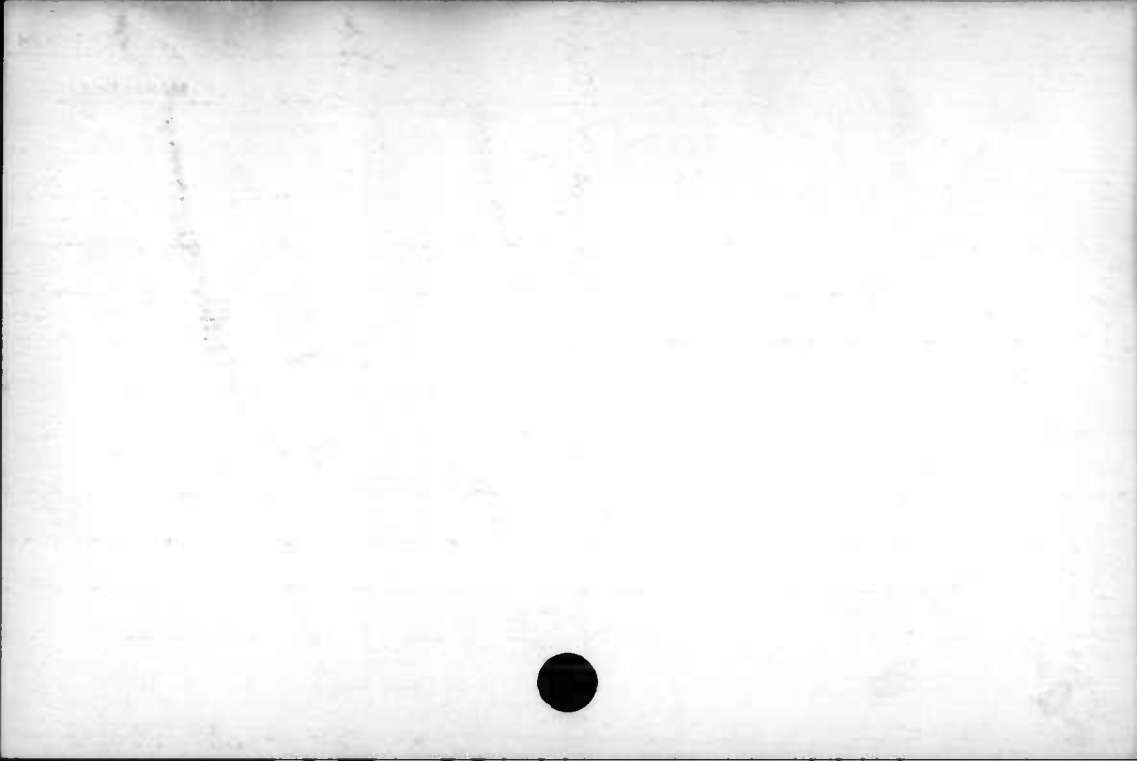
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*R. M. Black**Seibert**Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

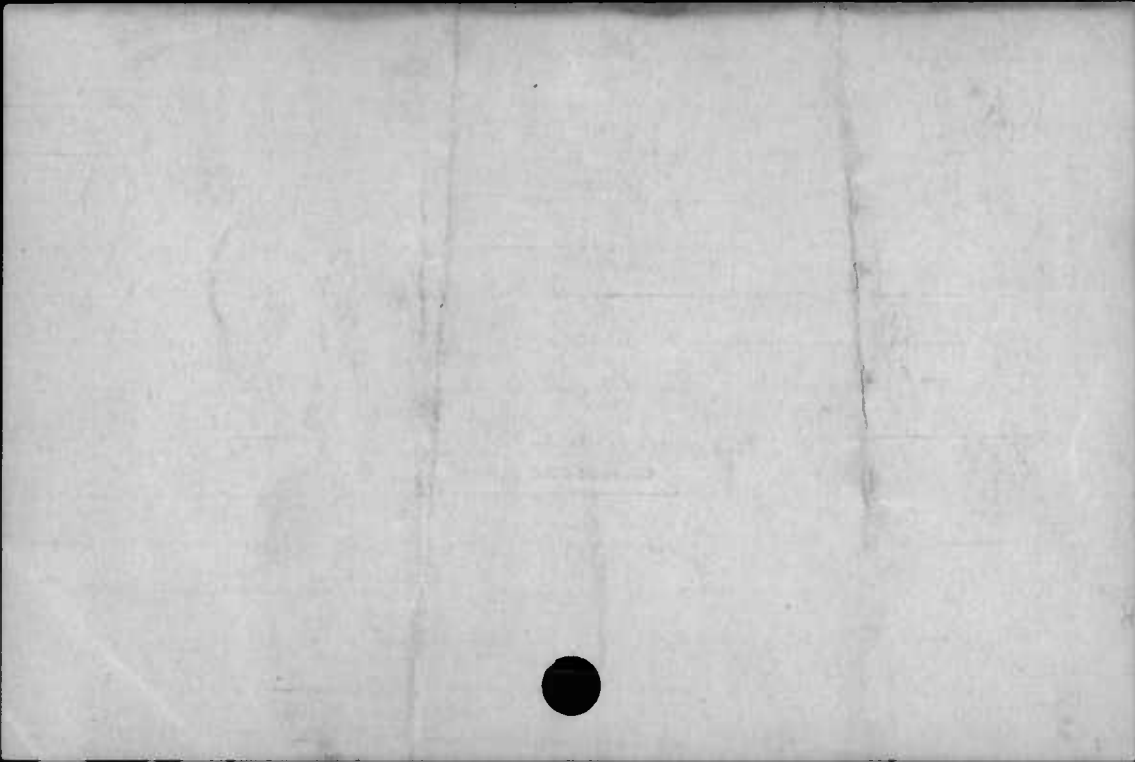
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frenchtown</i>		Town		County		Becil	
Date of death		1905		Month		April	
Day		21		Age		67 ?	
Sex		male		Color or Race		Colored	
Occupation		Farm hand		Birth-place		Conowingo, Md	
Where Residing if not at place of death		Cokesbury		Married, Single or Widowed		married	
Name of Wife or Husband		Mary Elizabeth Brown		Father's Name		Benjamin Brown	
Father's Birthplace		Becil Co. Md		Mother's Maiden Name		Flora Berry	
Mother's Birthplace		Becil Co. Md		Name of person giving information		John Thomas Brown	
How related to deceased		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed</i>	How long
Immediate	<i>Accident - killed by car</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes, except as to age		<i>Rickotts Nelson</i>
Accident or Suicide? <i>Accident</i>		Address
		<i>Corona for Cecil Co. Eleton, Md.</i>



Name
in
Full

Hilson H Brown

CERTIFICATE OF DEATH

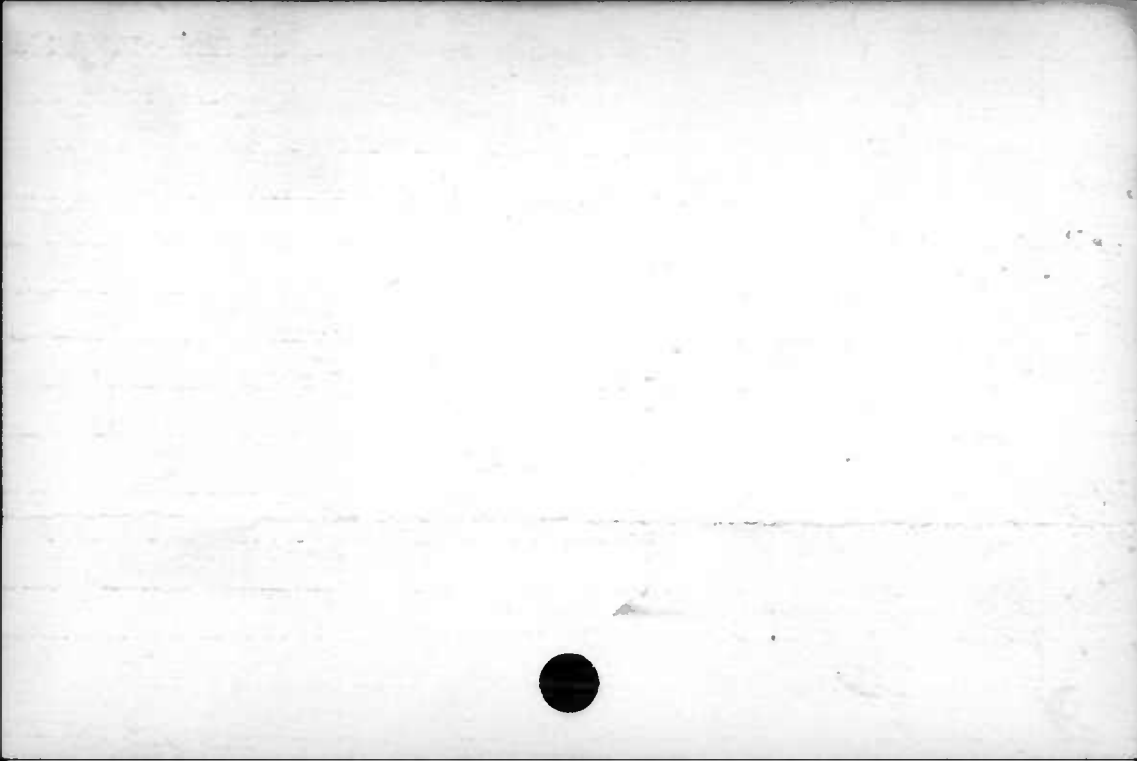
TO BE ANSWERED BY
NEAREST FRIEND

Died at Sylmar		Town Cecil		County		MARYLAND	
Date of death 1908		Month Apr	Day 25	Age 67	Years	Months 10	Days 20
Sex Male		Color or Race White		Birth-place Cecil Co			
Occupation Undertaker				Where Residing if not at place of death Sylmar			
Married, Single or Widowed Married		Name of Wife or Husband Julia Brown					
Father's Name James Brown		Father's Birthplace Cecil Co					
Mother's Maiden Name Mary Sedwell		Mother's Birthplace " "					
Name of person giving information Rob Sedwell		AD		How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe	How long about 3 weeks
Immediate Valvular Insufficiency	How long about 14 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Richardson
	Address Cecil - Md.
Accident or Suicide?	



Name
in
Full

Wilson R. Brown

CERTIFICATE OF DEATH

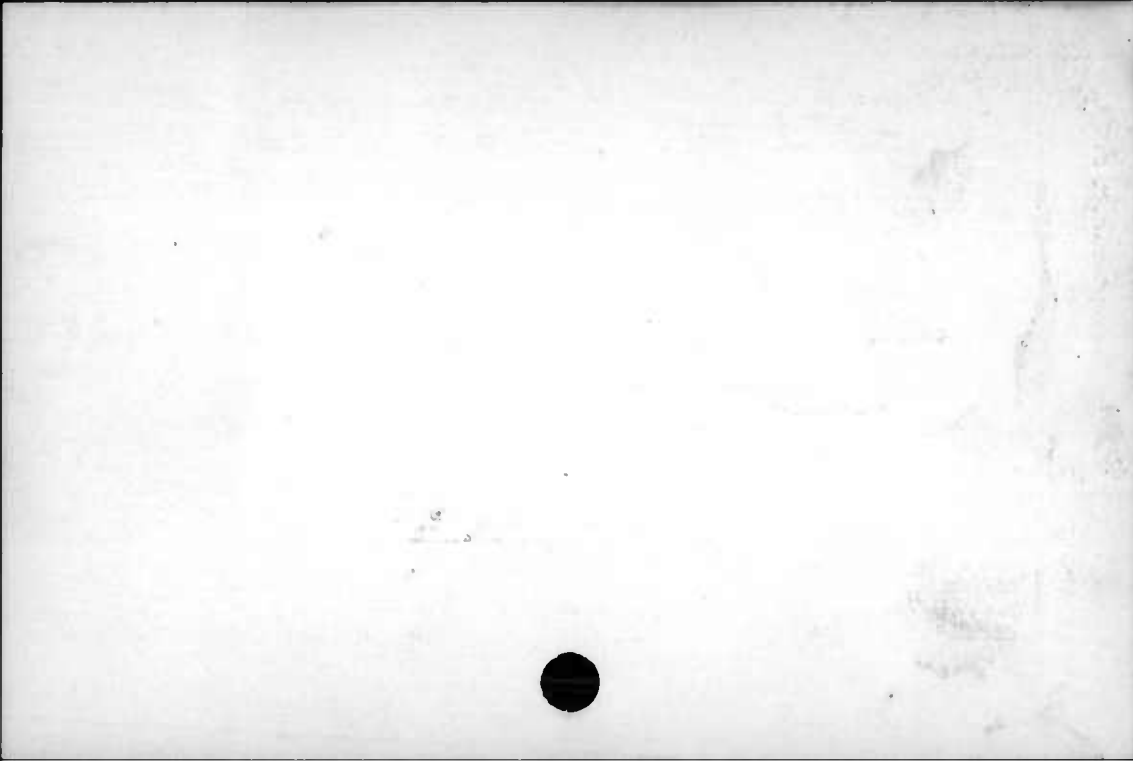
TO BE ANSWERED BY
NEAREST FRIEND

Died at		4/28/05. ^{Town} Lookstung ^{County} Cecil		MARYLAND	
Date of death	1905	Month	4-	Day	28
Age		Years		Months	7 weeks
Sex	Male	Color or Race	Col-	Birth-place	U.S.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Wilson H. Brown		Father's Birthplace
Mother's Maiden Name			Bertha Clark		Mother's Birthplace
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inguinal Rupture	How long
Immediate	Progressive Cardiac Asthenia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yps		L. G. Taylor
		Address
		Perryville
		and
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Ada Burke

County

Cecil Co

MARYLAND

Died at

Perryville

Town

Date

of death 1905

Month

April

Day

16

Age

Years

3

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Perryville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Burke

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Eliza Young

Mother's
Birthplace

" "

Name of person giving
Information

Eliza Burke

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

How long

Week

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

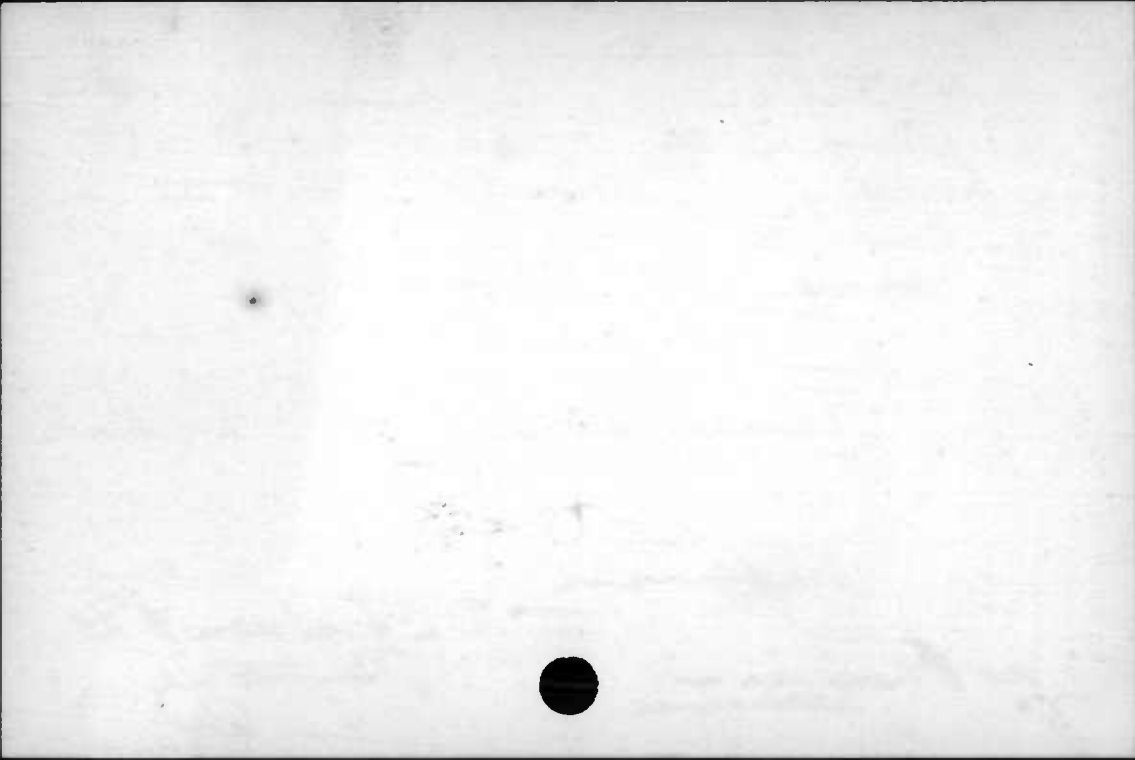
J. M. Stump

Address

Perryville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Tera Burke

CERTIFICATE OF DEATH

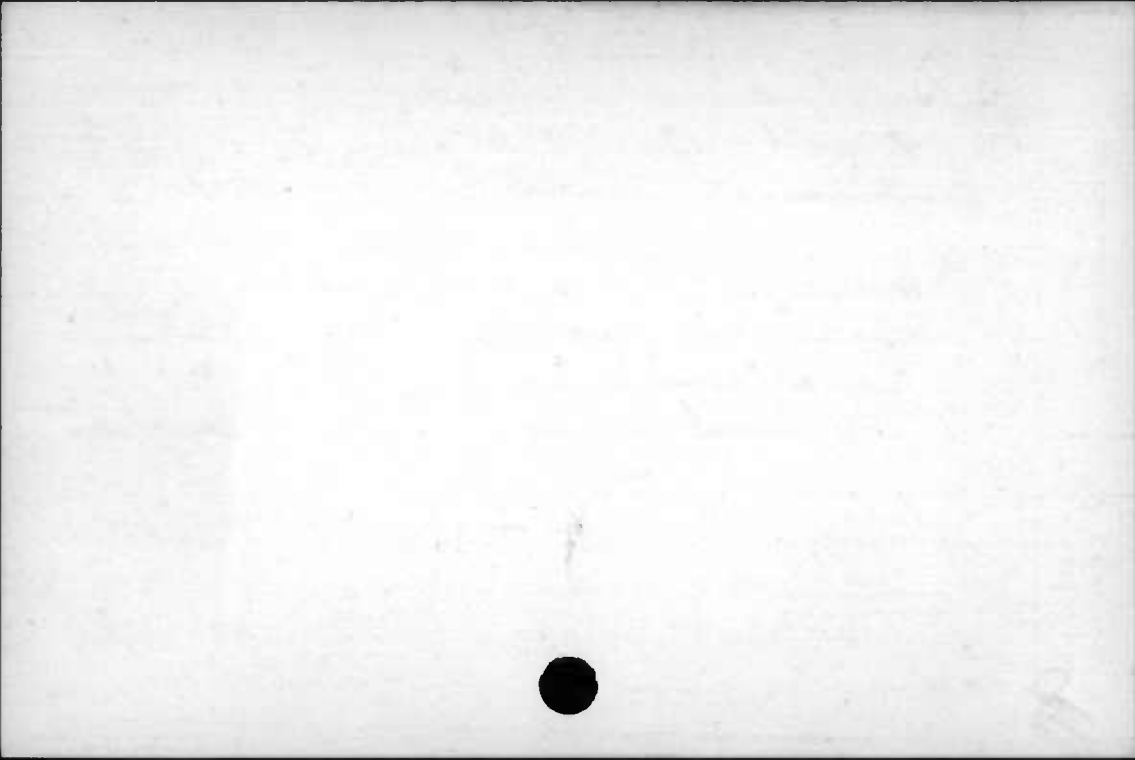
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death	1908	Month	April	Day	22
Sex	Female	Age	4	Years	6
Color or Race	Black	Birth-place	Perryville	Months	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	John Burke	Father's Birthplace		Harford Co	
Mother's Maiden Name	Eliza Young	Mother's Birthplace		" "	
Name of person giving Information	Eliza Burke	How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Week-
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. M. Hines
		Address	Perryville, Md.
<input checked="" type="checkbox"/> Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Town

County

Month

Day

Age

Years

Months

Days

Sex _____
Occupation _____

Color or Race

White

Birth-
place

Cecil C.

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Samuel Burns

Father's
Name

Washington Alexander

Father's
Birthplace

Cecil Co.

Mother's
Maiden Name

Elyse Benjamin

Mother's Birthplace

1. 1. 1.

Name of person giving
In formation

Phoda Burma

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

How long

2 weeks

Immediate

4500

How long

Are the name, age, sex, color, date and place correctly given above?

Les

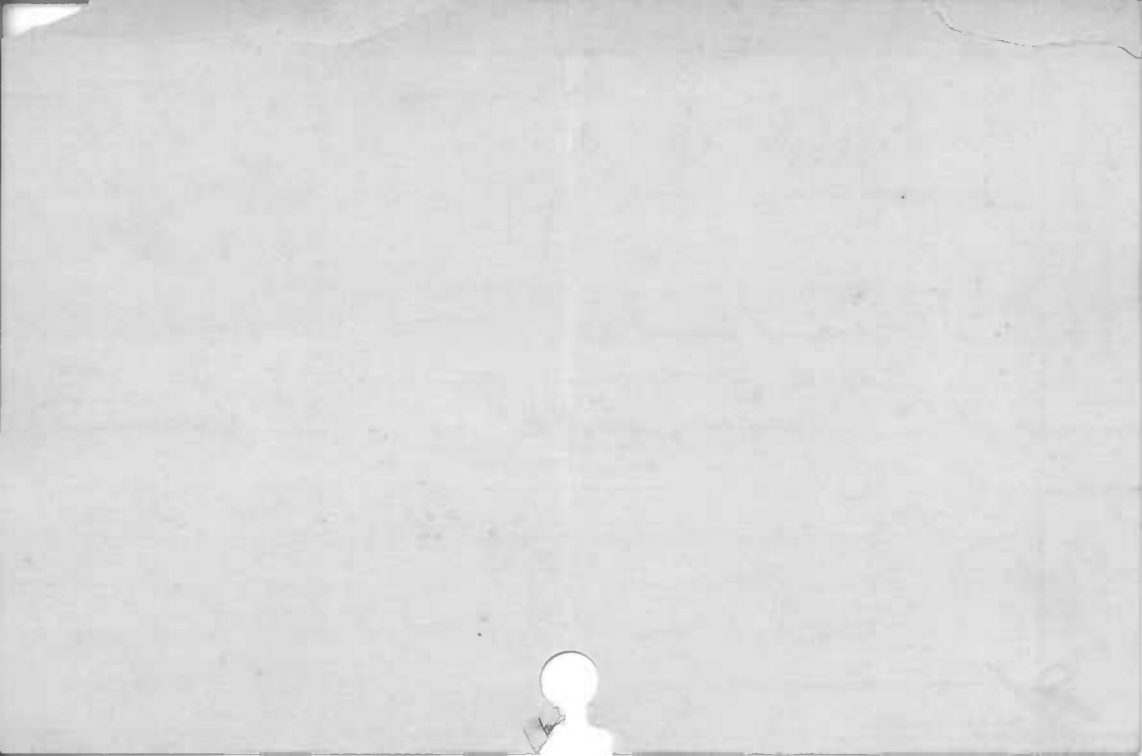
Signature of Physician

Address

B. Acum. lapp
North Am

~~Accident or Suicide?~~

LIBRARY BUREAU A63016



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Blythedale* Town*Acc* CountyDate of death *1905* Month *April* Day *26*Age *60* Years

Months

Days

Sex *Female*Color or
Race*Colored*Birth-
place

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Edward Clark*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Edward Clark*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

How long

Immediate

Unknown

How long

*ten days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W C Jackson F D*

Address

*Blythedale
Md*

Accident or Suicide?

*No Physician in
attendance*



Name
in
Full

Susie J. Criss

CERTIFICATE OF DEATH

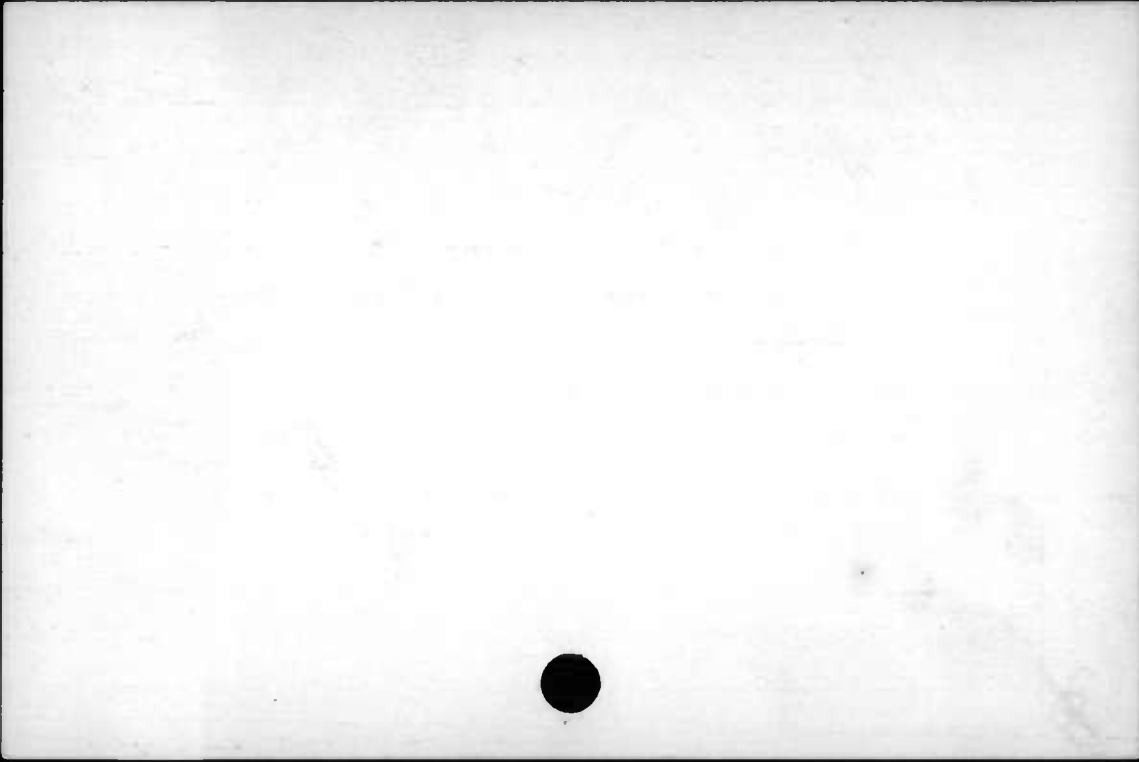
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodlawn</u> Town			<u>Cecil</u> County			MARYLAND		
Date of death <u>1905</u>		Month <u>Apr</u>	Day <u>6</u>	Age <u>27</u> Years		Months <u>—</u>		Days <u>3</u>
Sex <u>Female</u>			Color or Race <u>white</u>			Birth-place <u>Pilot town-Md.</u>		
Occupation <u>Housewife</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed				Name of Wife or Husband <u>Louis Criss</u>				
Father's Name <u>Herman Jno. McFadden</u>				Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>Dr Josephine Hill</u>				Mother's Birthplace <u>"</u>				
Name of person giving information <u>Louis L Criss</u>				How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Septic Pneumonia after pregnancy</u>	How long <u>8</u>	<u>Eight days</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>J. F. Brown M.D.</u>	
		Address <u>Port Deposit Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Lizzie Davis

CERTIFICATE OF DEATH

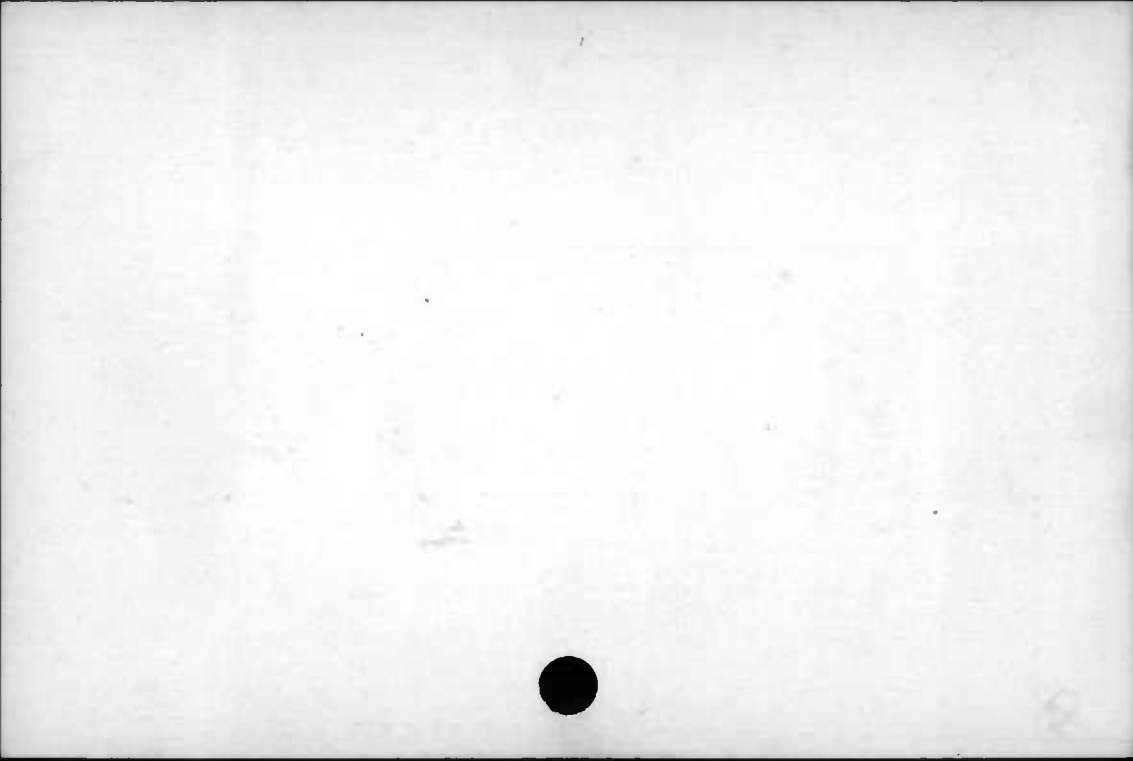
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>3</i>	Years <i>36</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Thomas Davis</i>	Father's Birthplace				
Mother's Maiden Name <i>Cassandra Barrett</i>	Mother's Birthplace				
Name of person giving information <i>Henry Davis</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>17</i> Years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. King</i>
	Address <i>Perryville</i>
Accident or Suicide?	



Name
in
Full

Bertha Amelia Dempsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Oakwood* ^{Town}*ecil* ^{County}Date
of death *1905*Month
*4*Day
*14*Age
*10*Months
10

Days

Sex *female*Color or
Race *White*Birth-
place *Oakwood Md*Occupation
*none*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name *Ransom E Dempsey*Father's
Birthplace *Oakwood Md*Mother's
Maiden Name *Josephine Dutton*Mother's
Birthplace *Harpers G. Md*Name of person giving
Information *Ransom E Dempsey*How related
to deceased *Father*

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

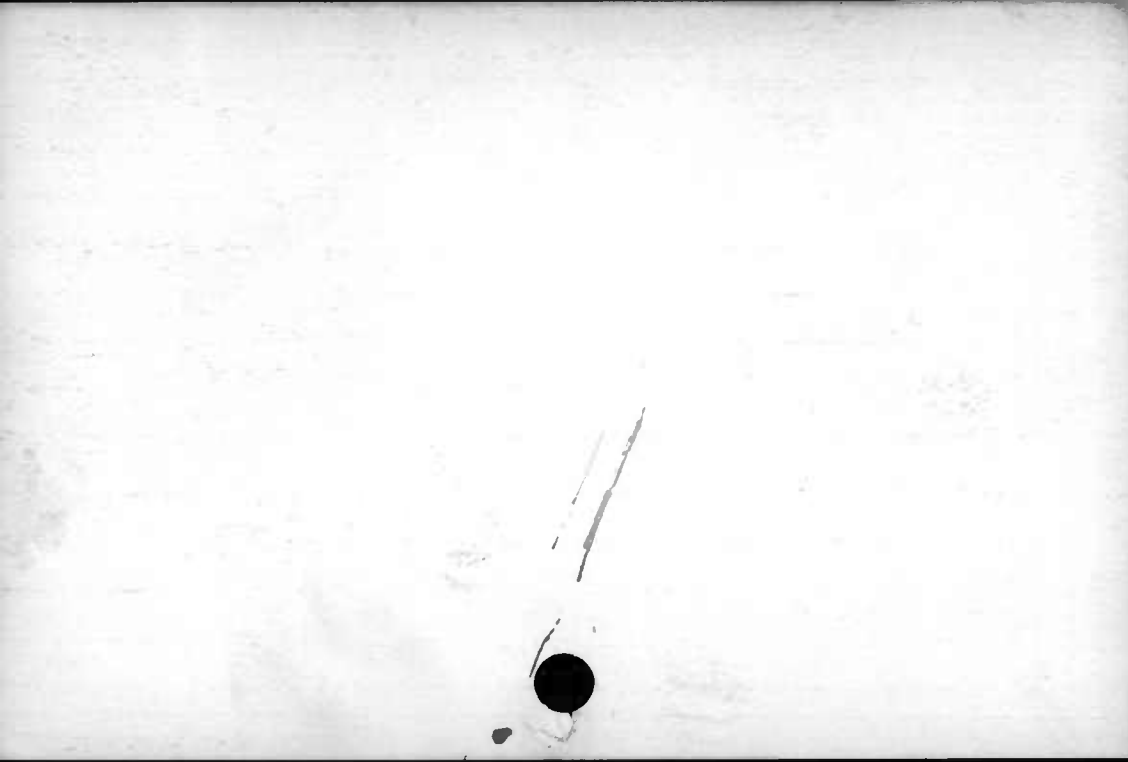
No physician in attendance
over

Accident or Suicide?

No Physician in attendance

Slater B. Josh
Funeral Director

Name in Full Mrs Margaretta J Evans		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Rising Sun <small>Town</small>		Cecil <small>County</small>
	Date of death 1905 <small>Year</small> April <small>Month</small> 30 <small>Day</small>		66 <small>Years</small>
	Sex Female		Color or Race white
	Occupation Housewife		Birth-place Rowlandsville
	Where Residing if not at place of death Near Rising Sun Md		
	Married, Single or Widowed married	Name of Wife or Husband James H Evans	
	Father's Name Patrick Ewing	Father's Birthplace Cecil Co	
Mother's Maiden Name Isabella Ewing	Mother's Birthplace Lana 1		
Name of person giving information James M Evans	How related to deceased husband		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Paralysis	How long four weeks 3 days	
	Immediate Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. B. Shier	
		Address Rising Sun Md	
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

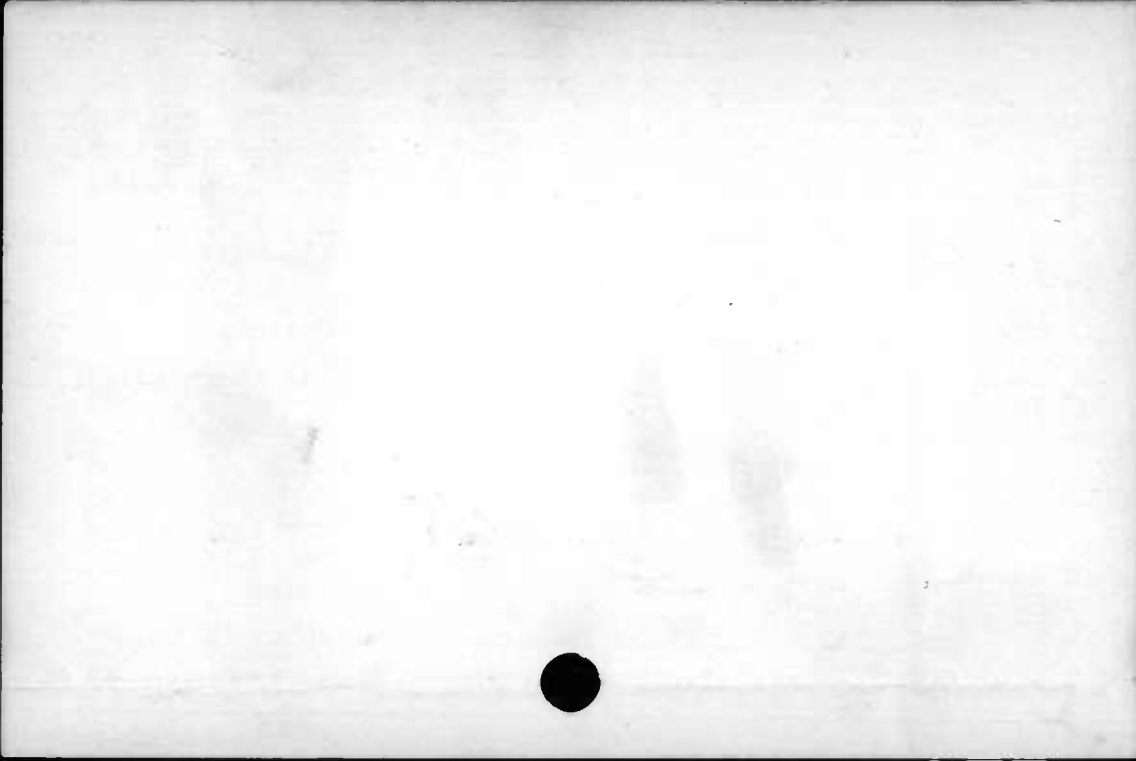
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William H. Franklin</i>		Town <i>North East</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>April</i>		Day <i>20</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Howard Co</i>		Months <i>4</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>North East</i>		Years <i>20</i>		Days <i>20</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Prince Geo. Co</i>		Mother's Birthplace <i>Fredrick Co</i>	
Father's Name <i>G. E. Franklin</i>		Mother's Maiden Name <i>Laura Woods</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Geo. E. Franklin</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Consumption</i>		How long <i>6 months</i>	
Immediate Cause		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. B. [unclear]</i>	
		Address <i>N. E.</i>	
Accident or Suicide?			



Name
in
Full

William C Hawk

CERTIFICATE OF DEATH

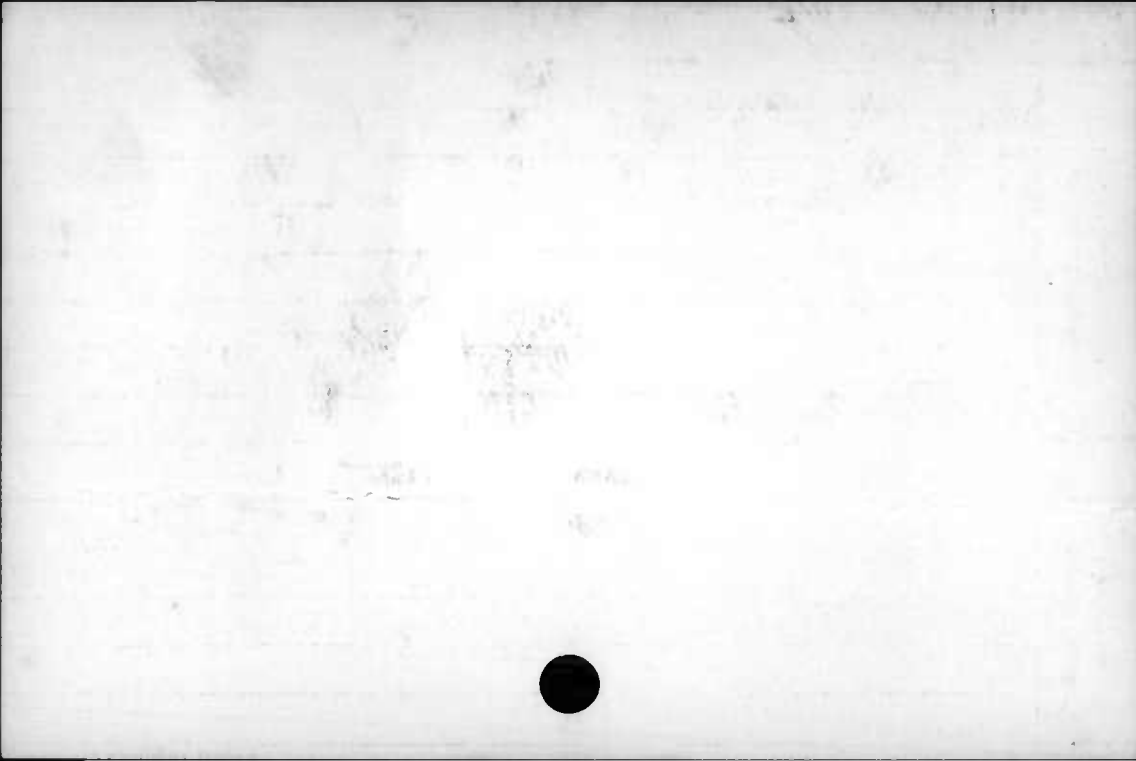
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hammington</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>14</i>	Years <i>22</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cecil</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>laborer</i>		
Name of Wife or Husband					
Father's Name <i>Daniel Hawk</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Margaret Thompson</i>			Mother's Birthplace <i>Theridon Md.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. B. Shum</i>
	Address <i>1234 S. Main</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Blue Ball</i> ^{Town}		<i>Cecil</i> ^{County}			
Date of death <i>1905</i>	<i>Apr.</i> ^{Month}	<i>8</i> ^{Day}	Age <i>About 67</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>Black Smith</i>	Where Residing if not at place of death <i>Blue Ball Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs. Etta Sidwell</i>			How related to deceased <i>Not Any</i>		

CAUSES OF DEATH

Primary <i>Pathy degeneration of Heart</i>	<i>19</i> ^{How long}	<i>2 years</i> ^{How long}
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. F. Miller</i>	
	Address <i>North East, Md.</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER

Interment Moore's Chapel.

Name
in
Full

James A Horch

CERTIFICATE OF DEATH

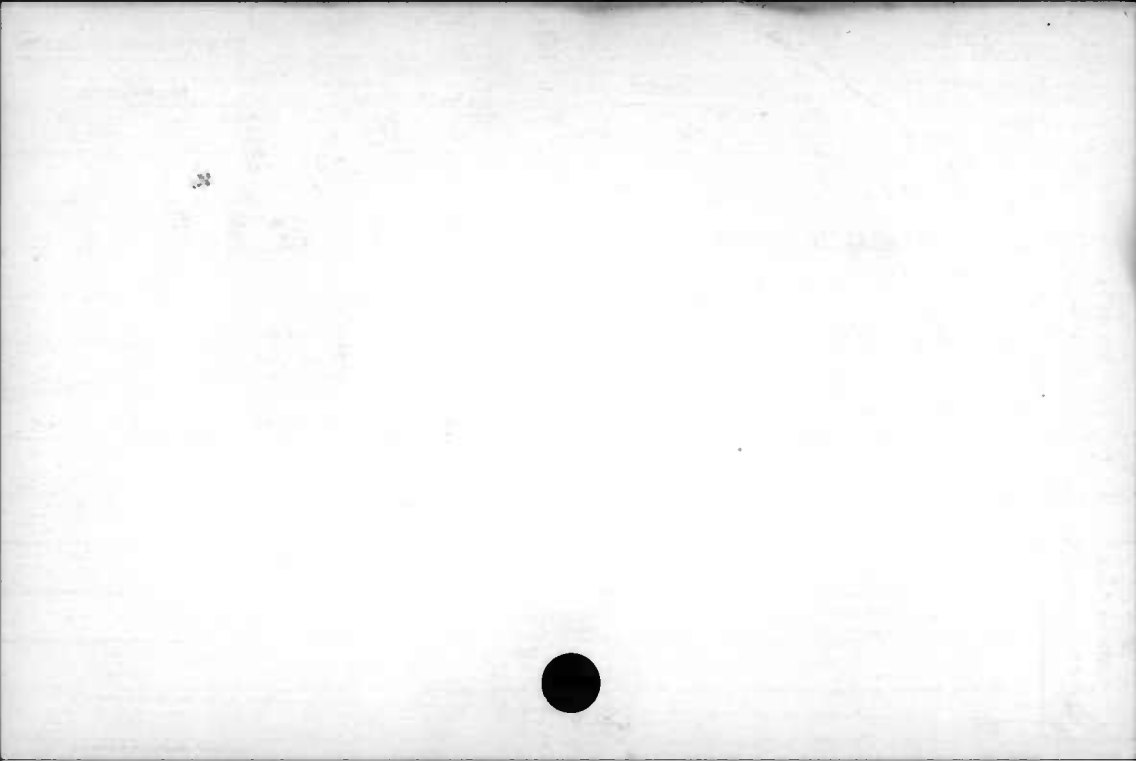
MARYLAND

Died at <i>Chesapeake City</i>		County <i>Deale</i>	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>26</i>	Age <i>78</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Retired</i>	Where Residing if not at place of death <i>near Chesapeake City</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary A</i>		
Father's Name <i>Andrew Horch</i>	Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>Hudson first not known</i>	Mother's Birthplace <i>England</i>		
Name of person giving information <i>Geo K Horch</i>	How related to deceased <i>Son</i>		

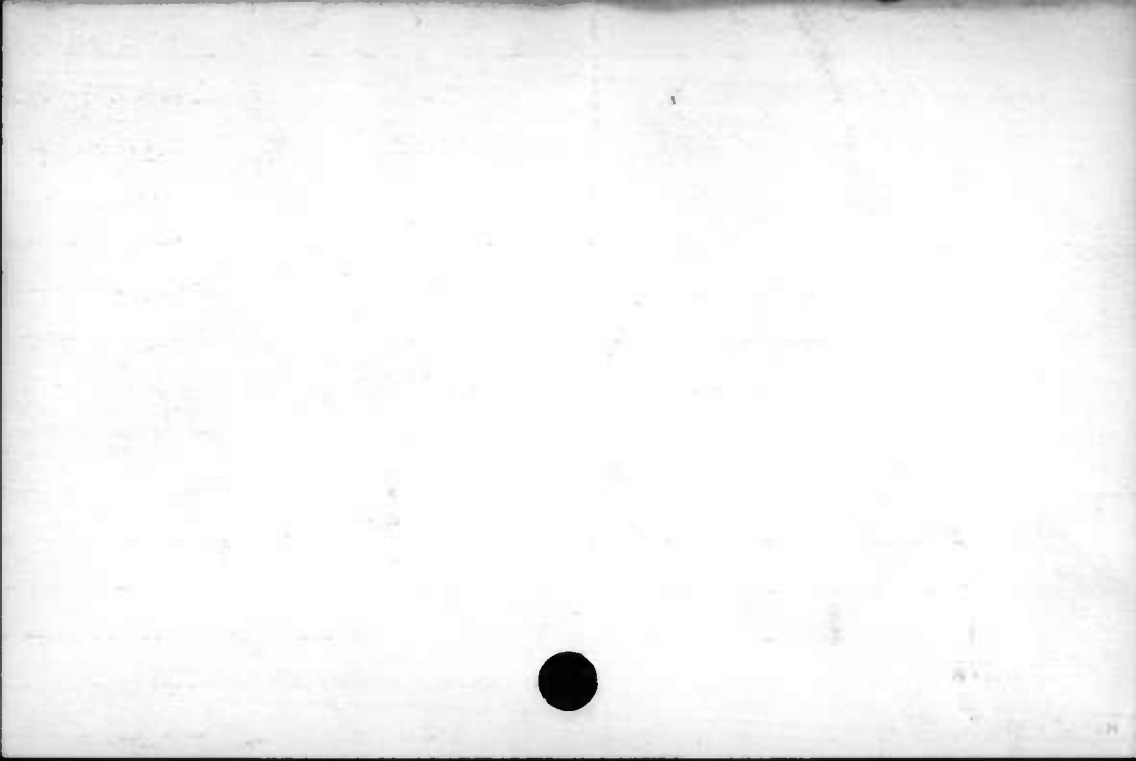
CAUSES OF DEATH

Primary <i>mitral insufficiency with dilatation of aortic heart</i>	How long <i>don't know</i>
Immediate <i>exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W E Karsner M.D.</i>
	Address <i>Chesapeake City Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



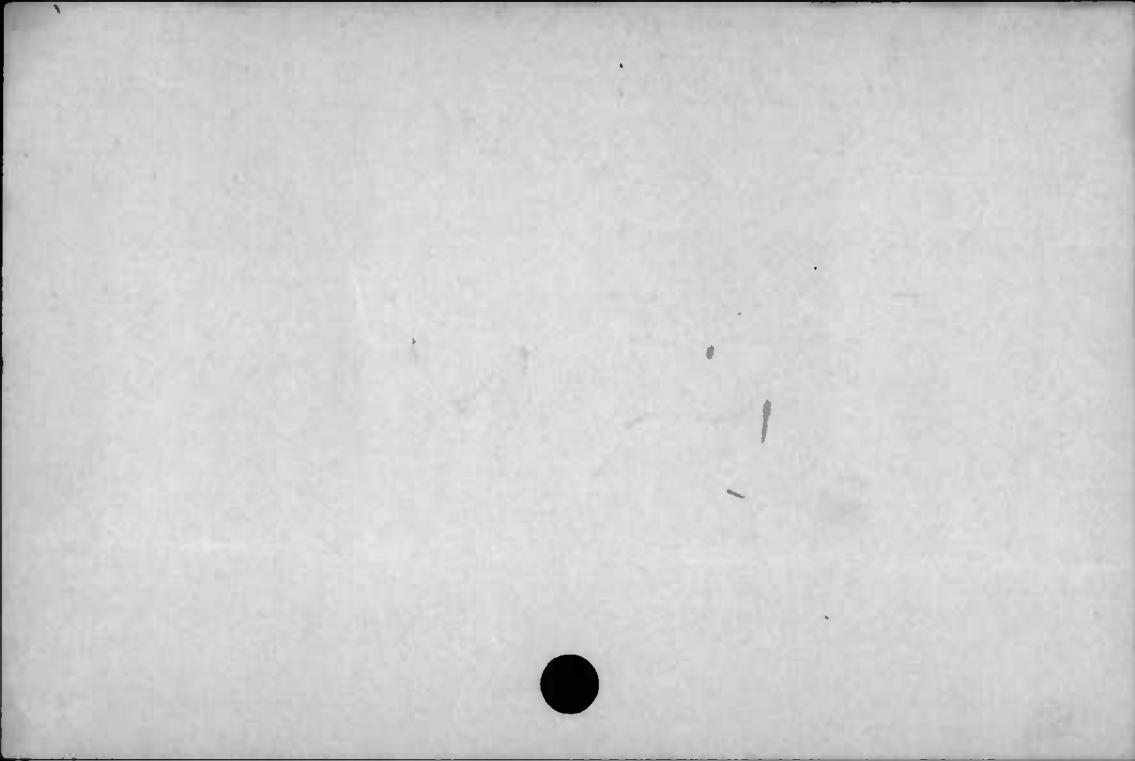
Name in Full		Rachel Ireland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Earlsville	County Cecil Co.		MARYLAND	
	Date of death	1905	Month April	Day 1	Age 63	Years —	Months —
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Kent Co. Ind	
	Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Ireland		
	Father's Name	Isaac Wright				Father's Birthplace	Kent Co. Ind
	Mother's Maiden Name	Harrist Raisin				Mother's Birthplace	Kent Co.
Name of person giving information	Thomas Ireland				How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cerebral Hemorrhage			How long	48 Hours
	Immediate		u			How long	u
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			E. N. Crawford Leechboro				



Name in Full		Elizabeth Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Plymouth	County Cecil		MARYLAND	
	Date of death		Month 4	Day 28	Years 75-	Months 4	Days
	Sex Female		Color or Race White		Birth-place		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed Widowed		Name of Wife or Husband				
	Father's Name Jeremiah Currier		Father's Birthplace Cecil Co				
PHYSICIAN OR CORONER	Mother's Maiden Name Polly Ryan		Mother's Birthplace " "				
	Name of person giving information Elizabeth Jackson		How related to deceased Daughter				
	CAUSES OF DEATH						
	Primary Cerebral Apoplexy		How long 12 years				
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. M. King					
		Address Perryville Md					
Accident or Suicide?							



Name in Full		Charlotte Krauss				6 Dist. CERTIFICATE OF DEATH	
Name in Full Died at Date of death Sex Occupation Married, Single or Widowed Father's Name Mother's Maiden Name Name of person giving In formation	Town Perryman		County Beech		MARYLAND		
	Month Apr		Day 14		Years 56		
	Months Six		Days 12				
	Birth- place Perryman		Color or Race White		Where Residing if not at place of death Perryman Md		
	Name of Wife or Husband		None				
	Father's Birthplace Cecil Co		Mother's Birthplace Cecil Co		How related to deceased Brother		
	Name of person giving In formation Edam K Krauss						
CAUSES OF DEATH							
PHYSICIAN OR CORONER Are the name, age, sex, color, date and place correctly given above? Accident or Suicide?	Primary - Convulsions		How long 54 hrs				
	Immediate Exhaustion		How long				
	Signature of Physician Dr J B Allen		Address Perryman Md				
	Accident or Suicide?						



Name
in
Full

Eliza Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} North East^{County} Cecil co

Date

of death 1905

Month

April

Day

13

Age

Years

86

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Belvedere 48

Occupation

Housekeeper

Where Residing If not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

Geo. H. Kellan

Father's
Birthplace

Not Known

Mother's
Maiden Name

Kate Harnack

Mother's
Birthplace

Not Known

Name of person giving
Information

E. Matthews

How related
to deceased

Son

CAUSES OF DEATH

Primary

General Debility

How long

6 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

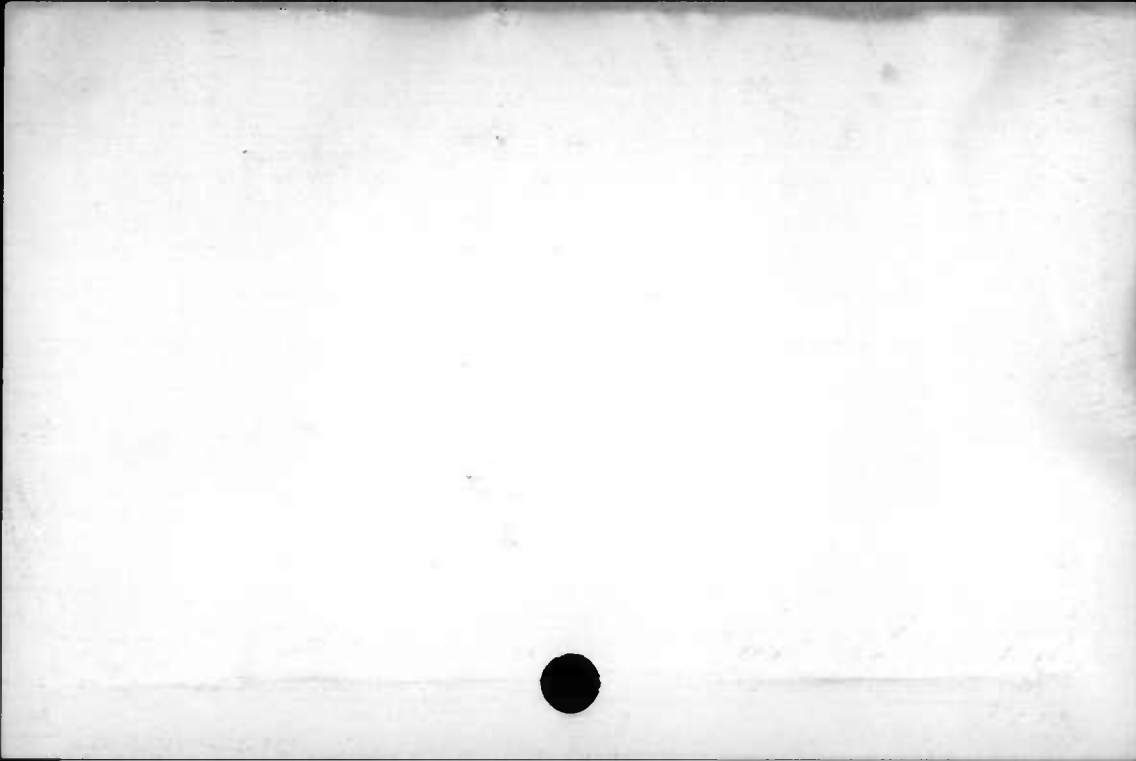
Yes

Signature of
Physician

Address

E. B. Greenleaf
H. Green

Accident or Suicide?



Name
in
Full

James Barnard Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Principio Furnace ^{County} Cecil

MARYLAND

Date of death 1905 ^{Month} 4 - ^{Day} 12 ^{Years} Age 1 ^{Months} 0 - ^{Days} 0Sex Male ^{Color or Race} Colored ^{Birth-place} USOccupation ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name George Moore ^{Father's Birthplace} USMother's Maiden Name Maggie Christie ^{Mother's Birthplace} USName of person giving information ^{How related to deceased}

CAUSES OF DEATH

Primary Pneumonia ^{How long} ShortImmediate Eclampsia ^{How long} Two hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

Natural

PHYSICIAN
OR CORONER

Dr Cooper

Elkton

md

Name
in
Full

CERTIFICATE OF DEATH

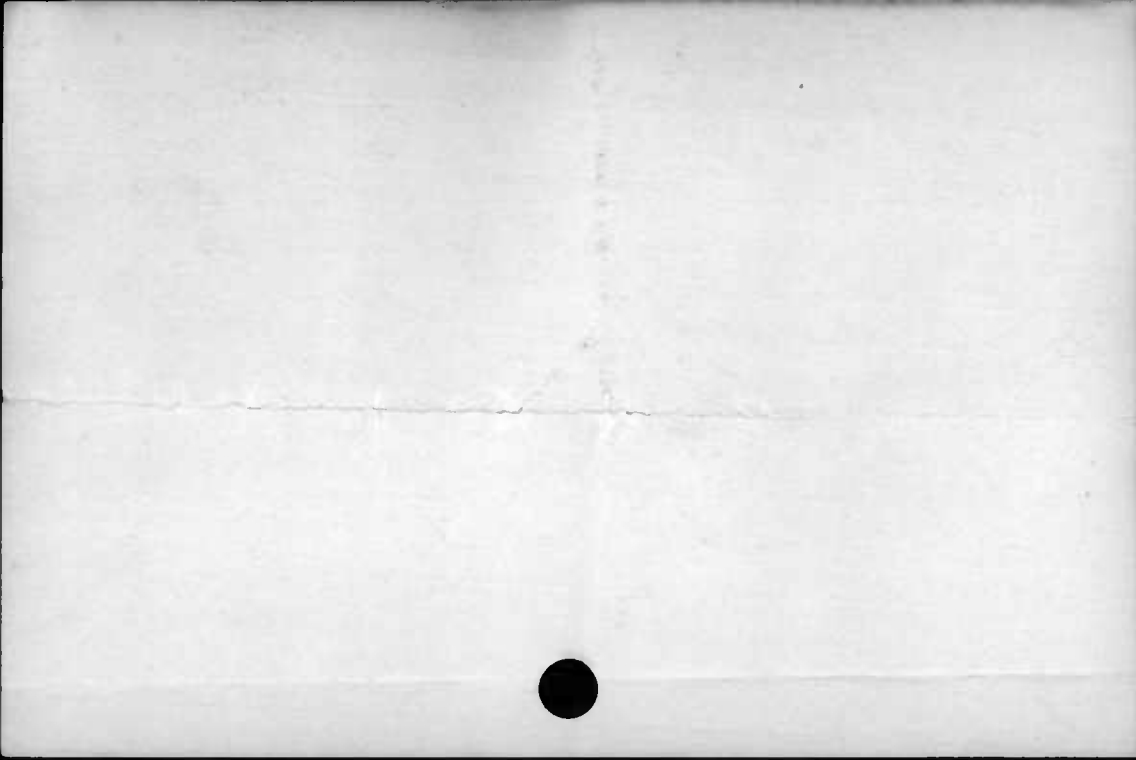
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> <i>West</i> <i>Cecil</i>		Town <i>West</i> County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>6</i>	Age <i>2 hours</i>	Months	Days
Sex <i>Girl</i>	Color or Race <i>White</i>	Birth-place <i>Charleston</i>			
Married, Single or Widowed <i>Single</i>	Occupation				
Name of Wife or Husband					
Father's Name <i>Jos. Murphy</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Miranda Calvert</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>family</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immaturity</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature Physician <i>Theo A. Morrell</i>
	Address <i>North East Ind.</i>
Accident or Suicide?	



Name
in
Full

Infant

CERTIFICATE OF DEATH

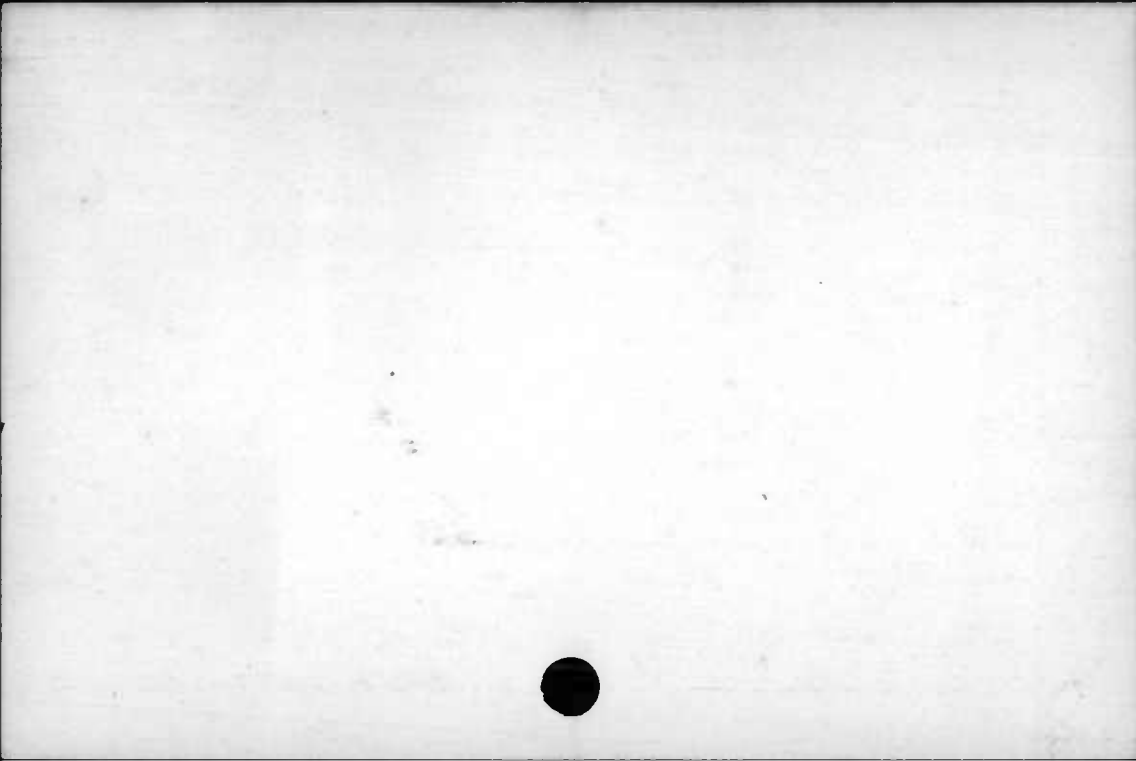
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Fork Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>2</i>	Age _____	Years _____	Months _____ Days _____
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Piney Fork Furnace</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Wilbur Nickle</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Margaret Wilson</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>Wilbur Nickle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lice Burn</i>	How long <i>31</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. H. King</i>
_____	Address <i>Piney Fork Furnace</i>
Accident or Suicide?	



Name
in
Full

William Riley

CERTIFICATE OF DEATH

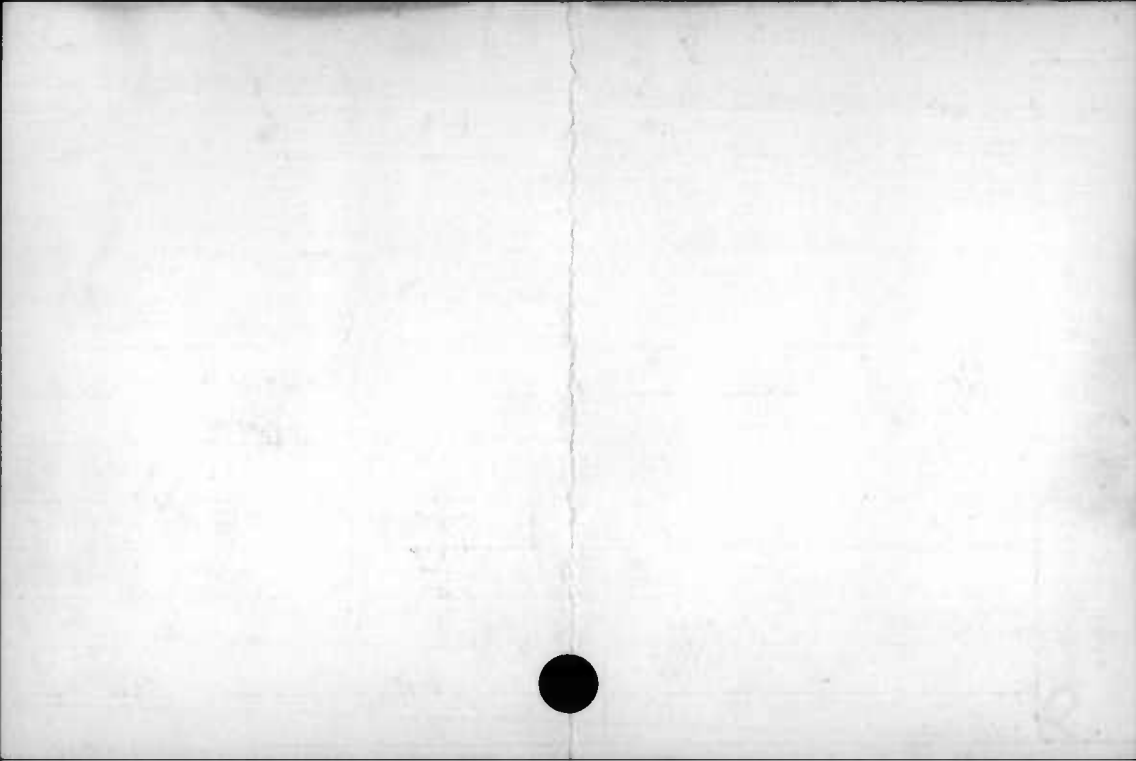
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Springs</i> ^{Town}		<i>Beck Co</i> ^{County} <i>Mont</i>		MARYLAND	
Date of death 190 <i>5</i>	<i>April</i> ^{Month}	<i>2</i> ^{Day}	<i>76</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Many E Riley</i>					
Father's Name <i>Chas Riley</i>				Father's Birthplace	
Mother's Maiden Name <i>Nancy Burton</i>				Mother's Birthplace	
Name of person giving information <i>A. T. Riley</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i> <i>As many coughs</i>	How long <i>92</i>
Immediate <i>Broncho Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. T. Roman</i>
	Address <i>Conowingo Md</i>
Accident or Suicide?	



Name
in
Full

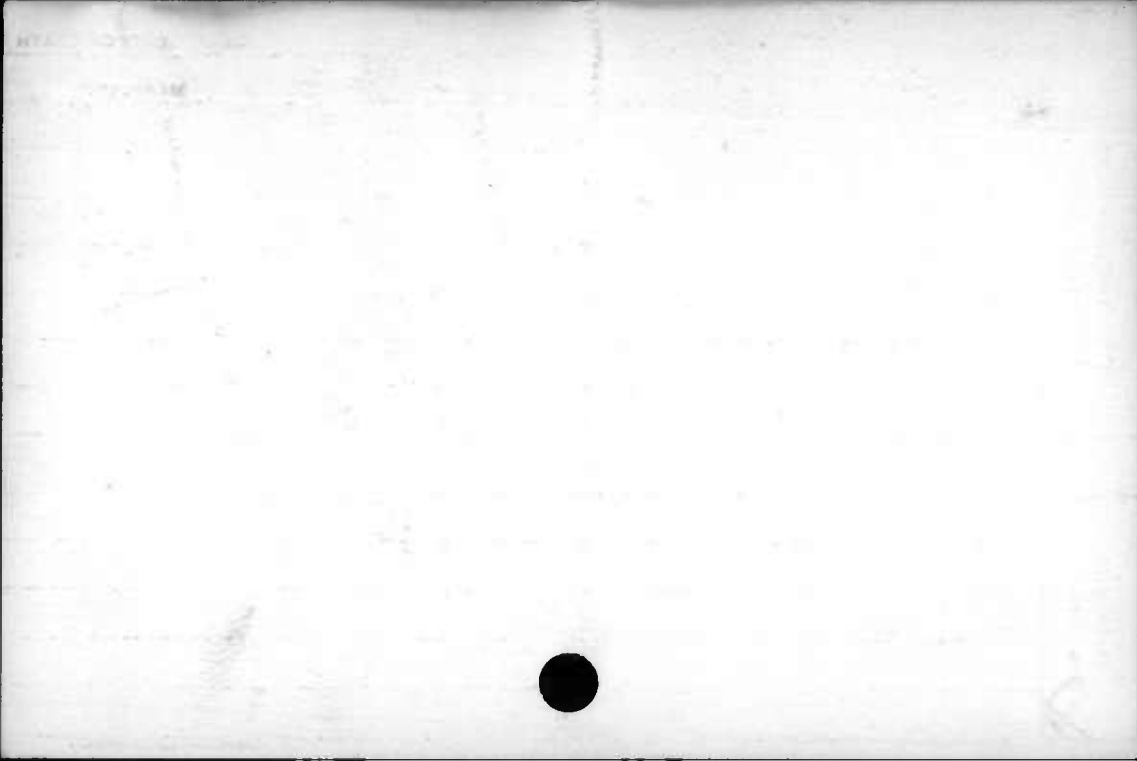
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah J. Samsow</i>		Town <i>Heav</i>		County <i>Cecil Co.</i>		MARYLAND	
Died at <i>Heav</i>		Month <i>4</i>		Day <i>1</i>		Age <i>40</i>	
Date of death <i>1905</i>		Years <i>40</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co.</i>			
Occupation <i>House keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Samsow</i>		Father's Birthplace <i>Kent Co</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>James Morris</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>95</i>
Immediate	<i>"</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. C. Bradford</i>	
		Address <i>Cecil Co.</i>	
Accident or Suicide?			



Name
in
FullWilliam Burk Sewell 3rd Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} New Leads

County

Cecil

MARYLAND

Date
of death 1905

Month

4

Day

9

Age

Years

10

Months

5

Days

Sex

Male

Color or
Race

colored

Birth-
place

New Leads

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Sewell

Father's
Birthplace

Sasfras Rock

Mother's
Maiden Name

Emma Poolman

Mother's
Birthplace

Maryland

Name of person giving
In formation

John Sewell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

Six months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

O. J. O'Carroll

Address

Cherry Hill

m

Accident or Suicide?

123



Name
in
Full

Lulu Smithson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>19</i>	Age <i>—</i> Years	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Woodlawn</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Fannie Smithson</i>			Mother's Birthplace <i>Woodlawn</i>		
Name of person giving information <i>11</i>			How related to deceased <i>brother</i>		

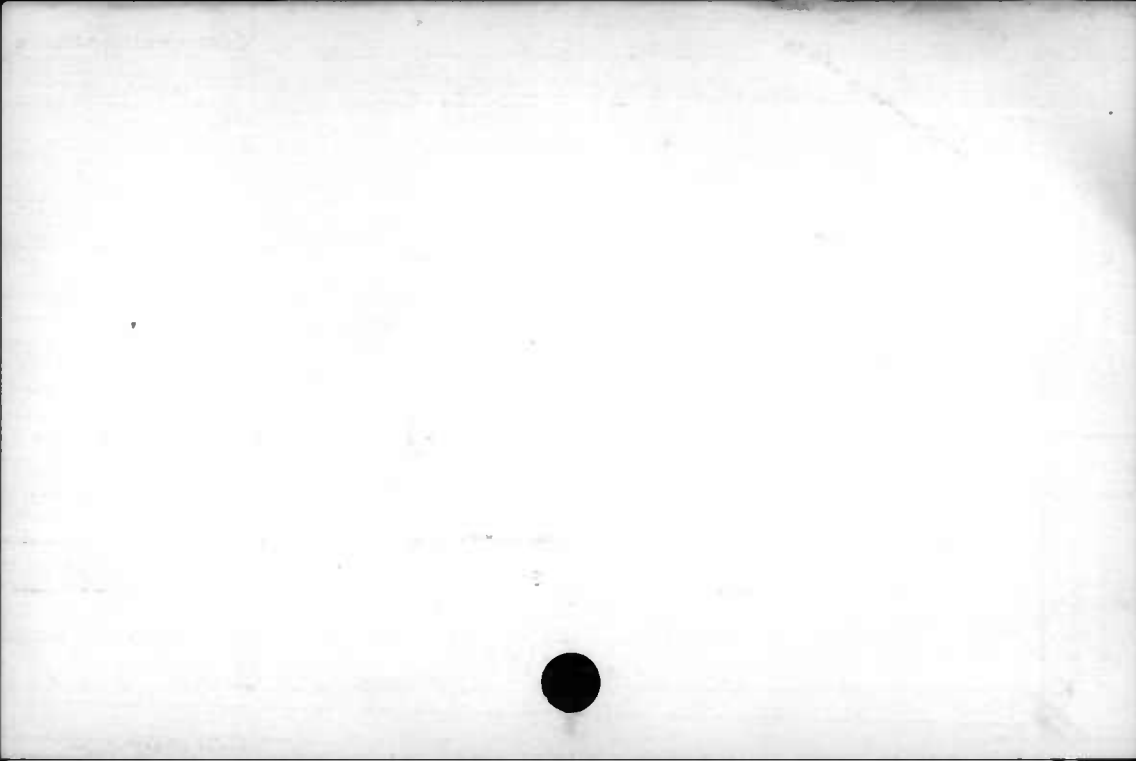
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>Two weeks</i>
Immediate <i>Inanition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Brown M.D.</i>
	Address <i>Post Office. Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full Jane Swan		Town Chesapeake City		County Prince		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
Date of death		Month		Day		Years	
190		4		24		87	
Sex		Color or Race		Birthplace		Days	
Female		White		Maryland		2	
Occupation		Where Residing if not at place of death					
None		Chesapeake City					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Solomon Swan					
Father's Name		Father's Birthplace					
John Ayles		Not Known					
Mother's Maiden Name		Mother's Birthplace					
Jane Barrick		in in					
Name of person giving information		How related to deceased					
The M. Purner		Daughter					
CAUSES OF DEATH							
Primary		How long					
Heart Lesion		10 years					
Immediate		How long					
Cardiac Dropsy		8 mos					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		W. E. Karsner					
		Address					
		Chesapeake City					
		Maryland					
Accident or Suicide?							
X							



Name
in
Full

William Thackery

CERTIFICATE OF DEATH

MARYLAND

Died at *Slymar* Town

County

*Cecil*Date
of death *1905*

Month

4

Day

2nd

Age

Years

66

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Cecil Co. Md.*

Occupation

*Seaborer*Where Residing if not
at place of death*Slymar*Married, Single
or Widowed*Married*Name of Wife or
Husband*Emma Thackery*Father's
Name*Robert Thackery*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Emma Thackery*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

How long

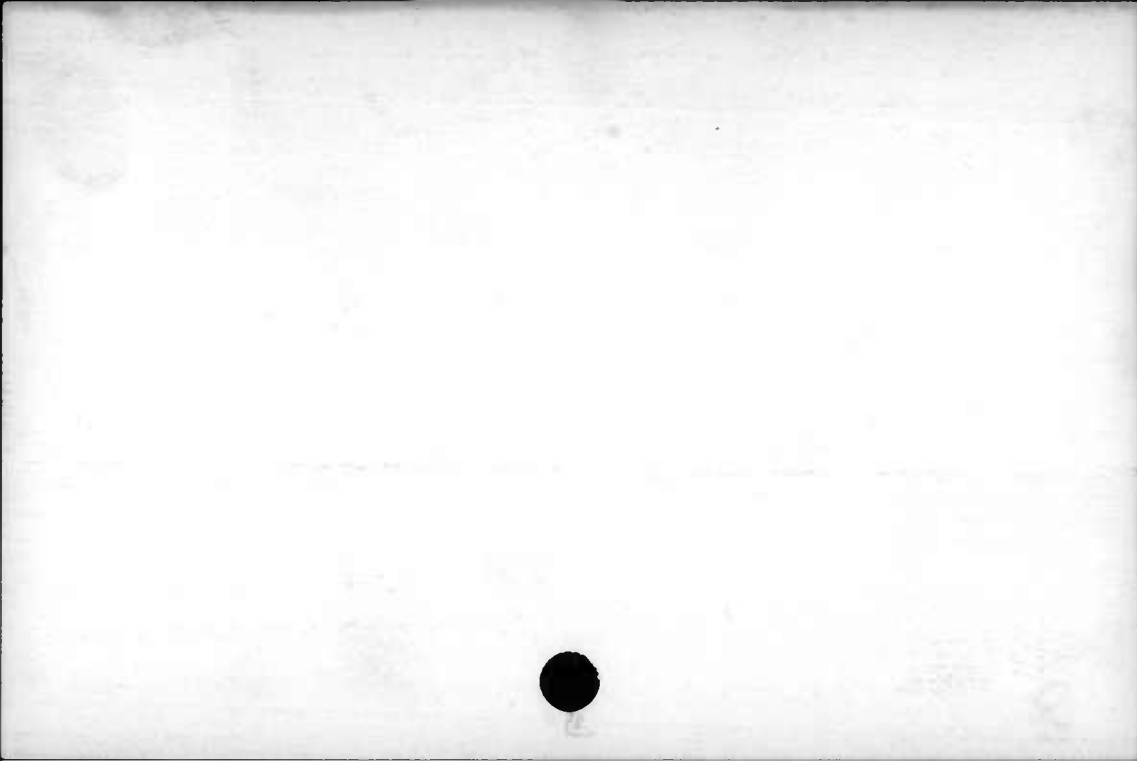
*Few minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. A. Richardson*

Address

Colver, Cecil Co. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

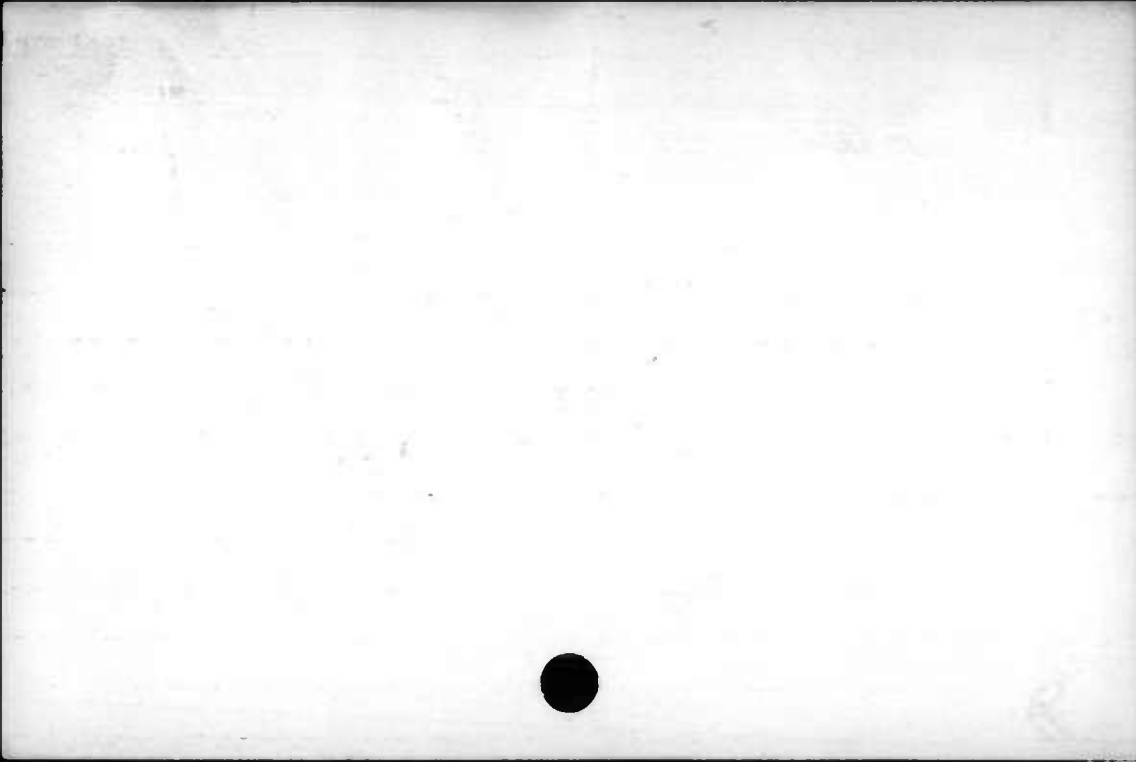
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel J. Thompson		Died at Near Cecil Co.		County Cecil Co.		MARYLAND	
Date of death 1905		Month 11	Day 2	Age 76	Years	Months	Days
Sex Male		Color or Race Colored		Birth-place Cecil Co.			
Occupation Labourer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband Julia Thompson					
Father's Name Samuel Thompson				Father's Birthplace Cecil Co.			
Mother's Maiden Name Yessie Boyer				Mother's Birthplace Not Known			
Name of person giving information Samuel J. Thompson				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart	How long	3 Years
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. B. Crawford	
		Address Cecil Co.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

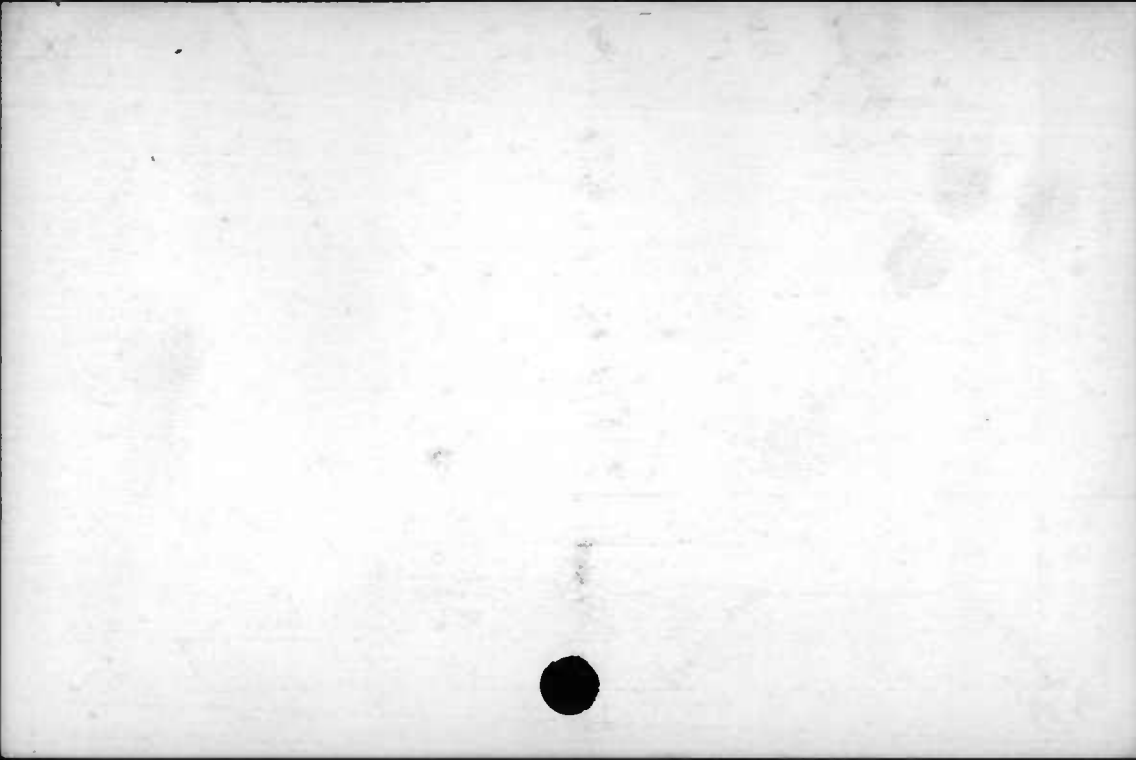
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maudie Whittington</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Port Deposit</i>		Month <i>April</i>		Day <i>20</i>		Years <i>13</i>	
Date of death <i>1905</i>		Age <i>13</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Port Deposit</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Whittington</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emma Blake</i>		Mother's Birthplace					
Name of person giving information <i>Emma Whittington</i>		How related to deceased <i>Mother</i>					

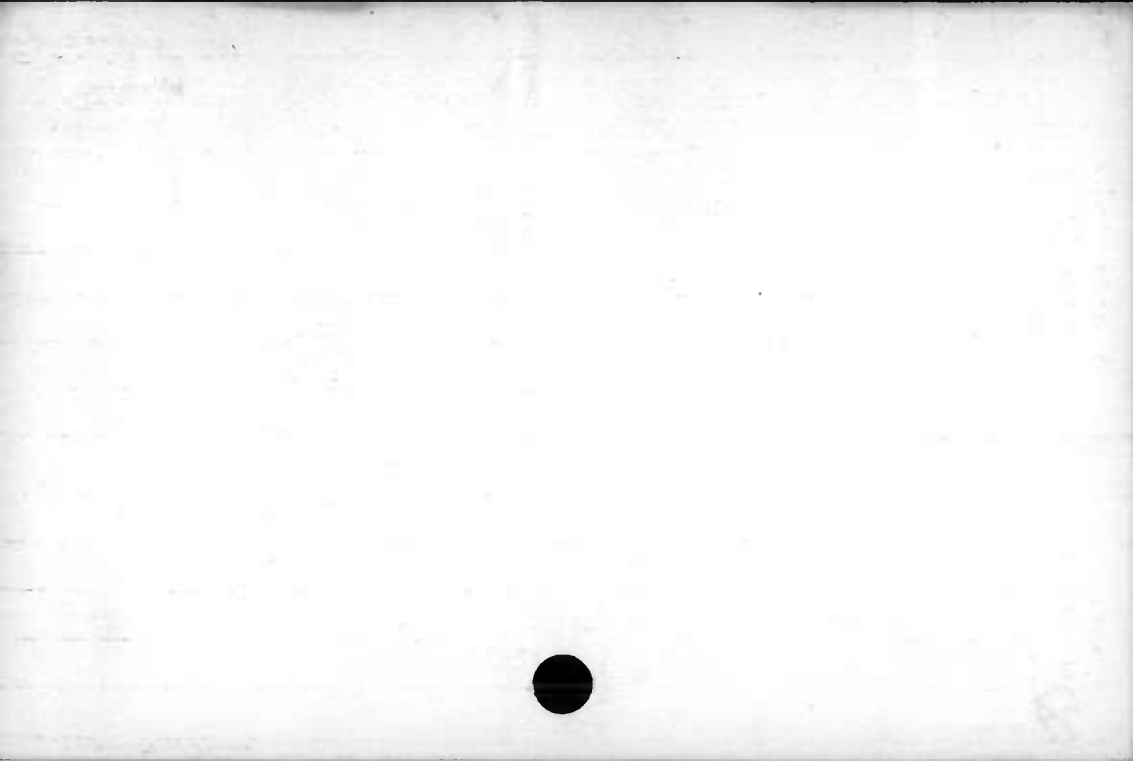
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Infectious Croup</i>	How long	<i>3 days</i>
Immediate	<i>Ephemeroid</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Channon</i>	
		Address <i>Port Deposit</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name in Full		Gold Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>near</u> ^{Town} <u>Crofton</u>		<u>Ches</u> ^{County}		MARYLAND	
		Date of death <u>1905</u>	Month <u>4</u>	Day <u>29</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>
		Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ma</u>			
		Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
		Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
		Father's Name <u>Secor Wilson</u>	Father's Birthplace <u>Ma</u>				
		Mother's Maiden Name <u>Rose Jackson</u>	Mother's Birthplace <u>Ma</u>				
		Name of person giving information <u>Sam Wilson</u>	How related to deceased <u>Brother</u>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Bronchial Pneumonia</u>		How long <u>4 days</u>			
		Immediate <u>92</u>		How long <u>—</u>			
8		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R M Block</u>			
				Address <u>Crofton</u>			
		Accident or Suicide? <u>—</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Cecil* ^{Town}*Cecil* ^{County}

Date

of death

1905 April ^{Month}*9* ^{Day}*Age 4 Years* ^{Years}*—* ^{Months}*—* ^{Days}

Sex

*Female*Color or
Race*Colored*Birth-
place*Cecil Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Geo. S. Wilson*Father's
Birthplace*Cecil Co.*Mother's
Maiden Name*Ella H. Harris*Mother's
Birthplace*Cecil Co.*Name of person giving
information*Ella H. Harris*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Catarrhal Bronchitis

How long

2 or 3 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. W. Crawford*

Address

Cecil Co.

Accident or Suicide?

E. W. Crawford

